

Influence of QTIP

Changes in DHHS:

- * Fluoride Varnishing Policy
- * Protocol for Mental Health screening and reimbursement
- * Provided structure for SCDHHS other initiatives

Also, shift in the system of care was noted ... (MH resources and referrals)



- QTIP – The Next Generation:**
- Pediatric Quality Unit within SC DHHS's Quality and Population Health Division
 - Partner with South Carolina American Academy of Pediatrics
 - Coordinating initiatives among DHHS, managed care, behavioral health and other state level efforts
 - Expand the number of practices participating

Welcome to our QTIP 15 Practices

- All Children's Pediatrics
- Children's Clinic
- Coastal Pediatrics Associates
- Family Health Center
- Grand Strand Pediatrics and Adolescent Center
- Georgetown Pediatrics
- Hope Health Pediatrics
- Inlet Pediatrics
- Pediatric Associates of Florence
- Salerno Pediatrics
- Southside Pediatrics of Aiken

Learning Collaborative and Integrating New Practices: 2015

2015

Key: QTIP11 = existing practices, QTIP15 = new practices

- Jan - May 2015**
 - Recruitment and selection of new practices
 - Informal gathering/assessment (calls or on-site visits)
- LC July 2015**
 - SATURDAY am - AAP annual meeting (QTIP11, QTIP15)
 - Sat. pm - LC Orientation
 - SUNDAY am AAP MEETING
 - QTIP Learning Collaborative am/pm (QTIP11, QTIP15): Review of topic from January and networking / storyboards
- July - Dec 2015**
 - QTIP11: Technical assistance visits (virtual)
 - QTIP15 on-site visits 2/year for 2 years (face-to-face)
 - QTIP11, QTIP15, Non-QTIP: QI workshops
 - Continue recruitment of new practices ***
- LC January 2016**
 - CATCH Meeting: FRIDAY pm SATURDAY am (QTIP11, QTIP15/16): CATCH meeting
 - SATURDAY pm (new practices QTIP15/16) QTIP overview: QI "101", MH "101"
 - SUNDAY am (QTIP11, QTIP15/16) New measures, MH, networking/storyboards

QTIP South Carolina Chapter American Academy of Pediatrics
Healthy Connections

How QTIP will work with practices

- Conduct 2 learning collaborative (LC) sessions/year
 - Introduce evidenced based practices on core measures
 - Promote mental health and quality improvement concepts
 - Provide networking opportunities, discuss strategies, present successes and share lessons learned
- Provide a broad array of technical assistance
 - Webinars/conference calls
 - Site visits
 - Workshops

Working with practices

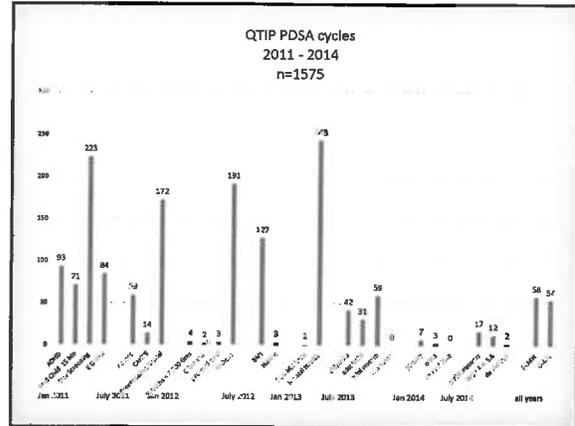
- Provide training on quality improvement techniques
- Continue mental health integration efforts (screening, resources, skill building...)
- Implement a new Data Collection method
- Work with the SC AAP to provide ABP MOC credits

Not be continued...	Highlights
<ul style="list-style-type: none"> • EMR data extraction and quality reports • Focus and assistance with NCQA - PCMH application 	<ul style="list-style-type: none"> • Quality reports generated from 7 practices on 14 measures • PCMH Recognition: <ul style="list-style-type: none"> • QTIP11: <ul style="list-style-type: none"> • 5 QTIP practices = Level 3 • 3 QTIP practices = Level 2 • QTIP15 <ul style="list-style-type: none"> • 2 practices = Level 3 • 1 practice = Level 2

An Med
CPM
Little River
Sandhills
TCC
MUSC
Palmetto Peds (Columbia)
Carolina Peds (Columbia)



2015 practices:
 Coastal Peds
 Grand Strand
 The Children's Clinic
 Hope Health



Core Measures 2011-2014

- 24 children's core measures
- New measures introduced every 6 months
- Freedom to select measures to focus on (and how)
- Supported by:
 - Anticipatory guidance
 - ABP MOC Part IV
 - Academic Detailing (Asthma, ADHD, SGA)

2015 focus

- Selecting 7-10 measures; with a mandatory focus on 2-3 measure(s) for 24 months
- Freedom to select HOW to work on measures; also option to work on additional measures
- Supported by:
 - Anticipatory guidance
 - ABP MOC Part IV
 - Academic Detailing (asthma only) 2015
- Billing and coding guidance¹⁵

Core Measure Focus 2015

- * ADHD
- * Well Child Visits 1st 15 months 3-6 years and adolescents
- * Asthma
- * HPV

QTIP plans to:

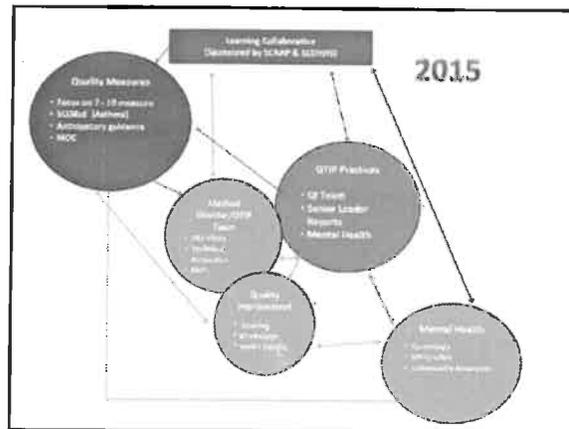
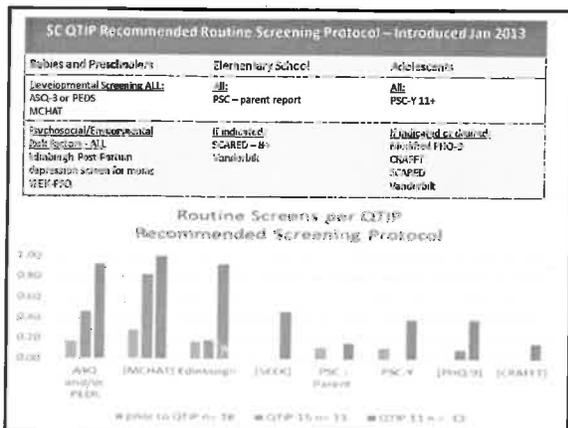
- Enhance data collection:
 - Senior leader report (SLR)
 - Exploring providing data through administrative claims (IFS)
- HEDIS Measures
 - Offer methods of improving overall care in your office which in turn improve scores
- Work on more measures/QI projects but need to report on WCV, ADHD and asthma MONTHLY via SLR.
- Provide administrative claims information quarterly

Mental Health 2011-2014

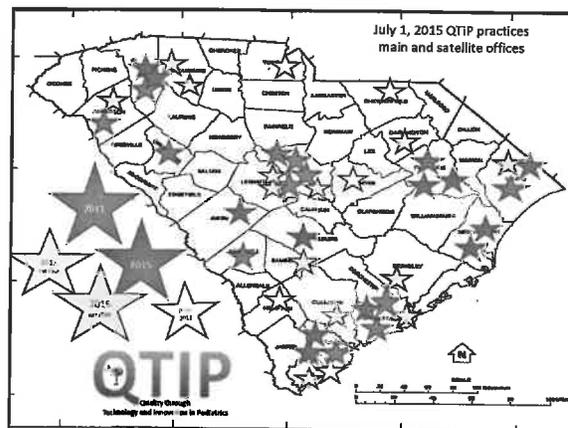
- AAP Mental Health Practice Readiness Inventory
- Screening protocol developed; reimbursement mechanism
- Training—LC, workshops, UMASS
- On-site Technical Assistance
- Identifying and Assessing Community Resources
- QTIP staff

2015 focus

- AAP Mental Health Practice Readiness Inventory; track progress
- Continue to review protocol and assess new screening tools
- Training—LC, workshops, UMASS (Fall 2015 only)
- On-site Technical Assistance
- Identifying and Linking practices with community resources
- QTIP staff



- What is available for you?
- * HPV QI Workshops Sept. 11th and Nov. 20th
 - * MOC credits
 - * QI workshop for practice quality coordinators
 - * Communication on the secure QTIP Blog
 - * Monthly webinars (3rd Tuesdays)
 - * UMASS training (See Kristine Hobbs ASAP)



QTIP
Quality through Technology and Innovation in Pediatrics

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QTIP Builds on the Past!

A joint project of SC Healthy Connections and the SC AAP



- One of 10 CHIPRA State demonstration grants
- Learning collaborative focused on all 24 core CHIPRA measures plus PCMH and Behavioral Health
- Plus PCMH and Behavioral Health
- Now a partnership between South Carolina Department of Health and Human Services and South Carolina Chapter of the American Academy of Pediatrics

How QTIP Worked with Practices and Stakeholders

Pediatric Practices

- 18 practices selected
- Each practice identified a QI team lead: practitioner, nurse and office manager
- 4 year commitment

Plan-Do-Study-Act cycles

- Practices document quality improvement work

Maintenance of Certification

- Physicians can earn Part IV MOC credit on QI work

Regular Contact

- Monthly conference calls
- Blog (where data and QI minutes are also posted)

Learning Collaborative

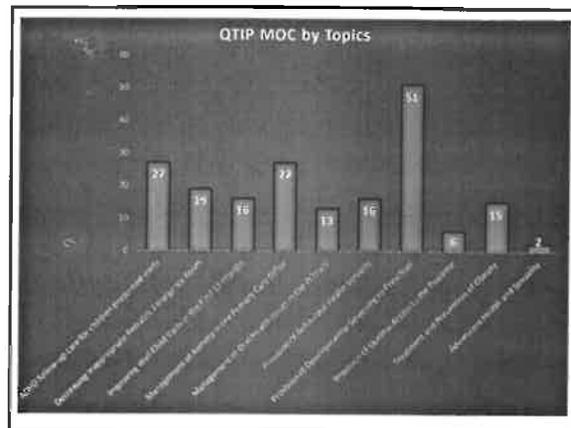
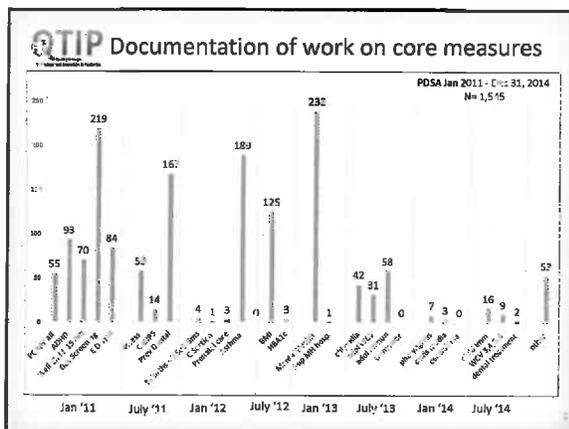
- Semi-annual sessions attended by QI team
- Quality measures presented, expert speakers, PCMH and behavioral health concepts, information sharing, etc.

Site Visits

- QTIP team technical assistance site visits
- Peer reviewer participation
- Academic detailing
- Mental Health education and community resource meetings
- Quality Improvement coaching

CHIPRA Core Measures

1. ADHD management
2. Development Screening
3. Well Child Visit completion early
4. Well Child Visit completion middle
5. Well Child Visit completion Adol
6. Adol Vaccines (HPV)
7. Chlamydia Screening
8. Dental visits
9. Preventive dental visits
10. BMI
11. Mental Health follow up
12. Access
13. Family Centered care/ family experience
14. Central line infections
15. Childhood vaccine rates
16. Use of strep test for pharyngitis
17. C-Section rate
18. Less than 2,500 gm
19. Freq. of perinatal care
20. Onset of prenatal care
21. ER visitation rates
22. Asthma ER visitation rates
23. Asthma medication
24. Suicide evaluation in depressed patients

What Happened with QTIP?

- Improved attitudes toward behavioral health services
- Increased developmental and mental health screening
- Focused activities around obesity, ED visits, asthma, and ADHD
- Increased access for children's dental services
- Improved access to the medical home
- Focused on adolescents' health needs, and
- Increased well child visits rates for children



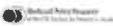
What our evaluators say

- We demonstrated utility in a majority, but not all, of the original 24 Core CHIPRA measures as a basis for quality improvement efforts at the state level in pediatric ambulatory care.
- Of the 9 measures found least useful, both in clinician perception and QI effort, 4 have been dropped from the CHIPRA Core Set. Those rated as least useful and remaining include all prenatal measures and Follow-up After Hospitalization for Mental Illness.
- Higher numbers of PDSAs (level of QI effort) appeared to contribute to improved performance on core measures.
- There is high level of consistency across clinician perception of usefulness, QI efforts (PDSAs) to improve core measures, and significant improvement in core measure rates over time.
- Our findings provide the basis for engaging a large segment of the ambulatory pediatric care sector in quality improvement work focused on cost-effectiveness and improved outcomes for South Carolina children



Core Quality Measures Questionnaire: Rated Most Useful

Core Measure	Usefulness
Adolescent Well-Care Visits	100.00%
Follow-Up Care for Children Prescribed ADHD Medication	100.00%
Preventive Dental Services	100.00%
BMI Assessment for Children/Adolescents	100.00%
Developmental Screening in First Three Years	96.67%
Immunization Status-Childhood and Adolescents	96.67%
Well-Child Visits--15months and 3 rd 6 th Years	96.67%
Children's and Adolescents' Access to Primary Care	92.33%
Dental Treatment Services	92.33%
Chlamydia Screening	30.00%
Ambulatory Care-Emergency Department Visits	86.60%



Significant Trends-in Selected CHIPRA Core Measures from CY2011-2013 Within Intervention Practices

Significance: *p-value < 0.05, ** p-value < 0.01, *** p-value < 0.001

Measure	Category	2011 Rate	2012 Rate	2013 Rate	p-value
Adolescent Well-Care Visits	ADP: Well-Care Visits	73.4	72.3	73.2	0.0000***
Adolescent Dental Care Visits	ADP: Preventive Care	50.7	54.0	50.9	0.0000***
Weight Assessment and Counseling for Children and Adolescents, 15 Months-6 Years	Reported Rate: 150 Percentile	1.9	2.9	2.7	0.0000***
Children's and Adolescents' Access to Primary Care (All Ages)	CHIP: Rate: 7-11 Years	91.4	94.0	92.8	0.0000***
Immunization Status-Childhood and Adolescents (All Ages)	CHIP: Rate: 10-19 Years	90.0	96.2	93.8	0.0000***
Developmental Screening -Screened by 36 months of age	DS-1: Reported Rate	17.6	17.7	17.7	0.0000***
Developmental Screening -Screened by 24 months of age	DS-2: Reported Rate	9.1	16.4	10.8	0.0000***
Developmental Screening -Screened by 18 months of age	DS-3: Reported Rate	1.6	1.9	16.6	0.0000***
Dental Treatment Services (All Ages)	DDS: Reported Rate	77.2	89.6	84.0	0.0000***
Weighted Child Visits and ED Visits (All Ages)	WCV: All Children (All Ages)	41.9	45.1	50.0	0.0000***
Weighted Child Visits and ED Visits (All Ages)	WCV: Reported Rate	65.0	67.0	70.1	0.0000***

Proactive Vision for Pediatric Quality

If you could only have 10 parameters

1. Be able to identify a Primary Care Provider
2. Be ready for school upon entry to kindergarten
3. Screened for developmental delays
4. Linked to a dental home and receiving basic oral health services
5. Up to date in receiving pediatric well child care
6. Screened and evaluated for obesity
7. Screened for mental health conditions including substance abuse, domestic violence and family mental illness
8. Receive mental health services when indicated
9. With Special Health Care Needs will have their care coordinated
10. With Asthma will be managed effectively and control maximized



What contributed to QTIP practices' success?

- Commitment of a lead practice champion
- Regular quality improvement meetings
- Buy-in from office staff
- Identifying a person and job tasks to oversee quality within the office
- Reviewing data over time

A Short Word About ABP Maintenance of Certification Part IV

- Your QI team will be doing most of the organizational work
- But it is important that you share the data practice wide, especially with those pediatricians who need QI documentation for the ABP
- These pediatricians, as well as all staff, should have the opportunity to see their data and provide their own ideas as to how to move forward.
- All MOC modules involve at least 3 measurements over time and two interventions at a minimum
- How would you use this HPV example for MOC?
- MOC manual in your materials
- Contact ferushton@gmail.com for question.



Trust Us!

(We're from the Government and here to help)

- We work for you. You don't work for us
- I've looked around the room, and so far I don't see anybody who has pulled all of their hair out
- We work hard to put ourselves in your shoes
- We are going to push you to be the best that you can be
- We count on you pushing us back!
- But things happen
- Keep us posted




Who do I ask for more information?

More information at www.uscdhhs.gov/qtip
Or contact:

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